



RE: PERSONS WITH DISABILITIES HUNTING PERMIT APPLICATION

Dear Applicant:

Applying for a "Persons with Disabilities Hunting Permit" requires completion of an application form and a physician's statement of disability form. It is very important that you completely describe, in your own words, your disability in the spaces provided. This will provide us with the information on how you want to hunt. Please describe the weapons you will be using, whether or not you need to hunt from a vehicle and any other aspect of hunting that would currently be illegal.

Your physician must fill out the physician's statement of disability form completely. Since we cannot interview you personally or have you examined by the physician on our review committee. Your physician must describe your disability in full. We must know the extent of your disability. The following list includes types of facts that we need to know.

1. Walking difficulties: Can you walk? If so, how far? Are you confined to a wheelchair? Do you need crutches or other walking devices to walk? Does your medical condition (such as heart disease) limit walking? How far? What is the cause of your walking difficulties? Is your disability permanent?
2. Upper body problem: Do you have a weight lifting limitation prescribed by your physician? Do you have problems holding and pulling a bow? If so, what are they and what is the cause? What joints are involved with movement problems? Is your condition or disability improved with medication? Is your disability permanent?

When completing the forms, please keep the following information in mind:

1. The physician's statement of disability form must be completed and signed by your physician. It must be legible. If it is not legible, your application will be sent back to you.
2. In addition to completing the forms, please send any other supporting documentation, which may describe your physical problems, more completely.
3. All forms must be originals. Any copied forms will be sent back to you.

4. All forms must be completely filled out. Do not leave any blank spaces.
5. Your completed forms must be returned to us by July 1 to be considered for the fall hunting season. Applications received after that date may not be processed in time for the fall hunting season.
6. The three most common persons with disabilities hunting permits issued are: hunting from a vehicle, using a vehicle or access (no hunting from a vehicle) and using a crossbow for deer hunting during archery season.
7. Handicapped hunting permits can only be issued to those individuals who would have great difficulty being in a position to take game without special privileges.

To prevent processing problems, please call our Customer Service Center or myself if you have any questions about the application process. To reach the Customer Service Center please call (317) 232-4200.

Sincerely,

A handwritten signature in black ink that reads "Roger Neal". The signature is written in a cursive, flowing style.

Roger Neal
Wildlife Staff Specialist
Division of Fish and Wildlife

HUNTING PERMIT FOR PERSONS WITH DISABILITIES

IC 14-22-12-6 Special permit for persons with disabilities

Sec. 6. The department may issue a special permit for the taking of wildlife by a person with a disability of such a nature that it is difficult or impossible for the individual to be in a position to take wildlife unless the individual is given special consideration. Statutes and rules may be waived only as necessary to give effect to this section.

As added by P.L.1-1995, SEC.15.

312 IAC 9-10-10 Hunting permit for persons with disabilities

Authority: IC 14-11-2-1; IC 14-22-2-6

Affected: IC 14-22

Sec. 10. (a) The department may issue a permit under this section to a person with a disability to take wildlife, if the disability would otherwise make the taking of wildlife by the individual difficult or impossible. The permit applies from August 15 through the last day of the wild turkey hunting season established under 312 IAC 9-4-11.

(b) A permit application under this section shall be made as follows:

- (1) The initial application shall be made on a departmental form and delivered to the division by July 1 for the current year hunting season. The application form may be obtained from the division beginning on May 1 of each year.
- (2) The initial application must be accompanied by a statement of disability completed by a physician.
- (3) The division shall review each completed application. The director may issue a permit under this section by August 1 of each year. If an application is not recommended for approval, the applicant shall be notified by mail.
- (4) Except as otherwise provided in this subdivision, no renewal application is required for a person with disabilities hunting permit. An applicant with a temporary disability may be required by the division to submit, on an annual basis, additional documentation from a physician and a renewal application.

(c) A person issued a permit under this section may hunt wild animals from a stationary motor driven conveyance subject to the following restrictions:

- (1) The permit holder must abide by all other hunting laws.
- (2) The permit holder must possess a valid hunting license and the permit issued under this section.
- (3) The permit holder must obtain in advance the permission of the manager of public property (local, state, or federal) to gain vehicular access to lands or roads that are otherwise closed to vehicular traffic.
- (4) The permit holder may display a windshield identification placard supplied by the division of fish and wildlife while hunting from a vehicle. The placard must be displayed in such a way as to be visible from at least fifty (50) feet.

(d) An individual may be designated to assist a person issued a permit under this section in the retrieval of wild game harvested by the permit holder.

(e) The director may waive other provisions of 312 IAC 9-3 for an individual permit holder. The use of a crossbow may be specially authorized during archery season for hunting deer. (*Natural Resources Commission; 312 IAC 9-10-10; filed May 12, 1997, 10:00 a.m.: 20 IR 2731; filed May 28, 1998, 5:14 p.m.: 21 IR 3729; readopted filed Jul 28, 2003, 12:00 p.m.: 27 IR 286*)



PHYSICIAN'S STATEMENT OF DISABILITY

State Form 10692 (R4 / 5-99)

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
402 West Washington St., Room W273
Indianapolis, IN 46204

NOTE TO APPLICANT: This form is to be returned to the Division of Fish and Wildlife by the applicant with the Special Permit for Persons with Disabilities Hunter application. A Statement of Disability is required only once if the disability is of a permanent nature. This form will be returned to the applicant if all applicable sections are not fully completed.

NOTE TO PHYSICIAN: The Indiana Department of Natural Resources may issue a special permit for the taking of wildlife by an individual who has a disability of such a nature that it is difficult or impossible for him to be in a position to take wildlife unless given special consideration. For the purpose of special disability hunting permits, a person is disabled if he or she has a physical impairment due to injury or disease, congenital or acquired. Generally, permits are issued to hunt from a vehicle for persons who cannot walk or have great difficulty in walking, and/or to hunt with a crossbow for persons who cannot use a regular bow. This form will be returned to the applicant if all applicable sections are not fully completed.

PLEASE TYPE OR PRINT

Name of doctor		Telephone number
Address (number and street, city, county, state, ZIP code)		
Name of applicant		Date of birth (month, day, year)
Address (number and street, city, county, state, ZIP code)		
This is to certify that _____ has been under my professional care since _____ for the following (check one) <input type="checkbox"/> permanent <input type="checkbox"/> temporary disability		
Describe completely:		
Please complete all applicable sections below.		
A. Cardiovascular conditions		
Describe walking limitations without pain or shortness of breath.		
Describe upper body movement limitations without pain.		
What restrictions does the applicant have performing normal daily activities?		
If known, what is the American Heart Association's Heart Disease classification? (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Post Chest Surgery	When was the applicant's surgery? (month, day, year)	Are there any unusual circumstances causing pain? (please explain)

B. Pulmonary conditions

Provide the results of any pulmonary function studies.

Provide specific details of limitations of activity, especially walking, without shortness of breath.

What restrictions does the applicant have performing normal daily activities?

Describe any upper body limitations of activity or strength.

C. Neurological conditions

Describe walking limitations (*especially in terms of terrain and/or distance*).

Is an assistive device needed to help the applicant walk? (*please describe*)

Does the applicant use a wheelchair for ambulation?

☐

Yes

☐

No

☐

Part time

☐

Full time

Describe any upper body limitations of activity or strength.

D. Arthritic conditions

What type of arthritis?

What joints are affected?

If the upper body is affected, what is the range of motion, in degrees, of the joint(s)?

Describe upper body movement limitations without pain.

If lower body is affected, how well can the applicant walk (*especially in terms of terrain and distance*)?

What restrictions does the applicant have performing normal daily activities?

E. Amputations/Orthopedic conditions	
1. Amputations	
Indicate the nature and extent of the amputation(s).	
What, if any, prosthetic devices does the applicant have?	
If a lower limb amputation is involved, how does it affect the applicant's walking ability (<i>especially in terms of terrain and distance</i>)?	
Does the applicant use a wheelchair?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time <input type="checkbox"/> Full time	
2. Orthopedic conditions	
Describe any walking limitations (<i>especially in terms of terrain and distance</i>).	
Describe any upper body strength and/or movement limitations.	
F. Other	
If the extent of applicant's physical limitations (<i>upper body strength/movement, walking ability</i>) cannot be described above, please explain here.	
If the applicant is not applying to hunt with a crossbow or from a vehicle, please provide a medical justification for applicant's requested method of hunting.	
Signature of physician	Date signed